

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp Received:
OCT 02 2014
Bayfield Co. Zoning Dept.

Permit #: 14-08794
ENTERED
Amount Paid: \$95 10-3-14
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		David & Joan Gamble				Mailing Address:		700 Birch St		City/State/Zip:		Anoka, MN 55303		Telephone: 763 431-4413	
Address of Property:		31860 W Ryan Lane				City/State/Zip:		Cable, WI 54821		Cell Phone:					
Contractor:		self				Contractor Phone:		Plumber:		Plumber Phone:		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):											
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-021-2-43-06-21-405-003-1400 Volume 874 Page(s) 877		fused to -15000 Recorded Document: (i.e. Property Ownership)									
1/4, 1/4		Gov't Lot 3		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision:	
Section 21, Township 44 N, Range 6 W		Town of: Grand View		Lot Size		Acreage 1.0									
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes---continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<input type="checkbox"/> Non-Shoreland		<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →		Distance Structure is from Shoreline: feet											

Value at Time of Completion * include donated time & material \$ 41,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water	New Construction		1-Story		2-Story		Relocate (existing bldg)		Run a Business on Property					
							<input checked="" type="checkbox"/> Addition / Alteration		<input type="checkbox"/> 1-Story + Loft		<input type="checkbox"/> 2-Story		<input type="checkbox"/> Basement		<input type="checkbox"/> No Basement		<input type="checkbox"/> Foundation			
							<input type="checkbox"/> Conversion		<input type="checkbox"/> Seasonal		<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>AT</u>		<input type="checkbox"/> Privy (pit) or Vented (min 200 gallon)		<input type="checkbox"/> Portable (w/ service contract)	
							<input type="checkbox"/> Relocate (existing bldg)		<input type="checkbox"/> Year Round		<input type="checkbox"/> 3		<input checked="" type="checkbox"/> Municipal/City		<input type="checkbox"/> (New) Sanitary Specify Type: <u>AT</u>		<input type="checkbox"/> Compost Toilet		<input type="checkbox"/> None	
							<input type="checkbox"/> Property		<input type="checkbox"/> Foundation		<input type="checkbox"/> None		<input type="checkbox"/> City		<input checked="" type="checkbox"/> Well		<input type="checkbox"/> None		<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure		Dimensions	Square Footage
		Principal Structure (first structure on property)	() X)		
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() X)		
		with Loft	() X)		
		with a Porch	() X)		
		with (2 nd) Porch	() X)		
		with a Deck	() X)		
		with (2 nd) Deck	() X)		
		with Attached Garage	() X)		
		Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X)		
		Mobile Home (manufactured date)	() X)		
		Addition / Alteration (specify)	() X)		
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/>	Accessory Building (specify) shed	(12 X 24)	288	
		Accessory Building Addition / Alteration (specify)	() X)		
		Rec'd for Issuance	() X)		
OCT 03 2014	<input type="checkbox"/>	Special Use: (explain)	() X)		
		Conditional Use: (explain)	() X)		
		Other: (explain)	() X)		
Secretarial Staff					

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owners: David & Joan Gamble Date 10-2-14
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit same as above
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	140+ Feet	Setback from the Lake (ordinary high-water mark)	80+ Feet
Setback from the Established Right-of-Way	130+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	N/A Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	N/A Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	100+ Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	50+ Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	50+ Feet	Setback to Well	hand pump in cabin N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

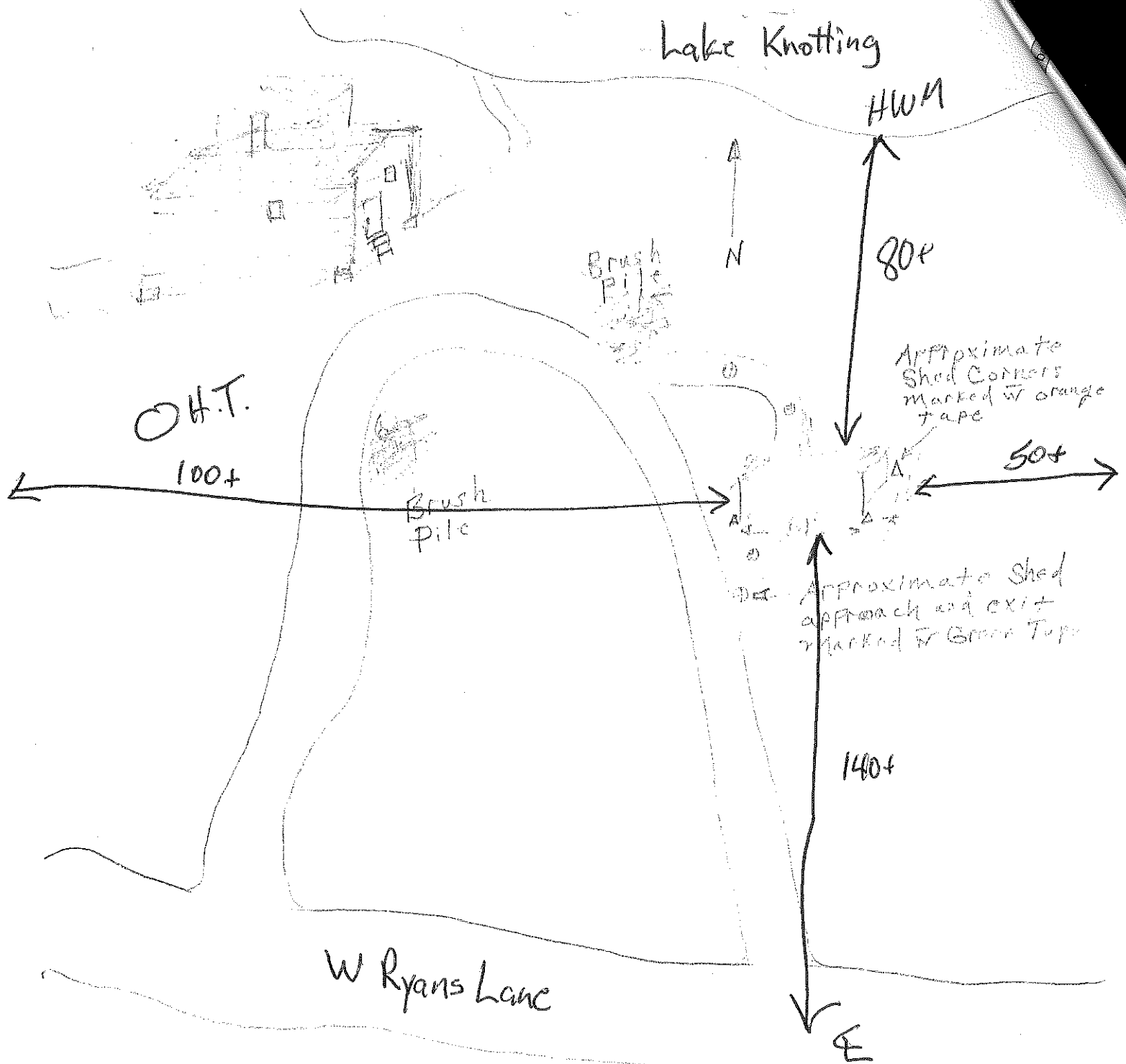
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 14-0394	Permit Date: 10-3-14			
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (fused/contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)	Case #:	Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No
Inspection Record:	Zoning District (R-1)			
Well Staked: Metal setbacks.	Lakes Classification (2)			
Date of Inspection: 10-2-14	Inspected by: M. Fuchs	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
May not be used for human habitation, No water under pressure in structure. No plumbing fixtures in structure.				
Signature of Inspector: Michael Fuchs		Date of Approval: 10-3-14		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



Hi Rick -

Please excuse my crude sketch - I hope it gives you an idea at least of what we're planning.

Basically, the site and approach/exit to the shed will need to be cleared and levelled, rock for the foundation placed, and a clean-up on existing brush piles - (I think too much to burn).

Please send an estimate (or Phone - 763-421-4412). We look forward to working with you again - hopefully to complete the project before snow fall, depending on your schedule.